

California Behavioral Health Planning Council

Patients' Rights Committee Agenda

Wednesday, October 15, 2025

10:30 a.m. to 12:30 p.m.

[Embassy Suites San Francisco Airport Waterfront](#)

150 Anza Boulevard
Burlingame, CA 94010
Solano Room

[Zoom Meeting Link](#)

Join by phone: 1-669-900-6833

Meeting ID: 879 1281 5554

Passcode: 086119

- | | | |
|-------------------|--|--------------|
| 10:30 a.m. | Welcome, Introductions, and Housekeeping
<i>Mike Phillips, Chairperson and All Members</i> | |
| 10:35 a.m. | Review and Accept June 2025 Meeting Minutes
<i>Mike Phillips, Chairperson and All Members</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment• Accept Minutes | Tab 1 |
| 10:40 a.m. | Committee Charter Review and Workplan (Action) Development
<i>Mike Phillips, Chairperson and All Members</i> | Tab 2 |
| 11:10 a.m. | Discussion on Executive Order <i>Ending Crime and Disorder on America's Streets</i>
<i>Mike Phillips, Chairperson and All Members</i> | Tab 3 |
| 11:20 a.m. | Public Comment | |
| 11:25 a.m. | Break | |
| 11:35 a.m. | Patients' Rights in Substance Use Disorder Treatment Facilities
<i>Jewish Family Service of San Diego, Patient Advocacy Program</i> | Tab 4 |
| 12:15 p.m. | Discussion of the 2025 Patients' Rights Committee Activities for the Council's Year-End Report (Action)
<i>Mike Phillips, Chairperson and All Members</i> | Tab 5 |
| 12:20 p.m. | Planning for Future Meetings/Activities
<i>Mike Phillips, Chairperson and All Members</i> | |

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 5 working days prior to the meeting date.

12:25 p.m. Public Comment

12:30 p.m. Adjourn

The scheduled times on the agenda are estimates and subject to change.

Public Comment: Limited to a **2-minute maximum** to ensure all are heard

Patients' Rights Committee Members

Chairperson: Mike Phillips

Chair-Elect: Richard Krzyzanowski

Members: Catherine Moore, Daphne Shaw, Susan Wilson, Uma Zykofsky

Staff: Justin Boese

**California Behavioral Health Planning Council
Patients' Rights Committee**

Wednesday, October 15, 2025

Agenda Item: Review and Accept June 2025 Meeting Minutes (Action)

Enclosure: Draft of June 2025 Patients' Rights Committee Meeting Minutes

Background/Description:

Enclosed is a draft of the meeting minutes from the June 2025 meeting, prepared by Justin Boese. Committee members will have the opportunity to ask questions, request edits, and provide other feedback before the minutes are accepted.

California Behavioral Health Planning Council
Patients' Rights Committee
June 18, 2025
Meeting Minutes

Committee Members Present:

Mike Phillips, Chairperson
Daphne Shaw
Uma Zykofsky

Richard Krzyzanowski, Chair-Elect
Susan Wilson

Other Council Members Present:

Bill Stewart

Council Staff Present:

Jenny Bayardo
Justin Boese

Item #1: Welcome and Introductions

The committee meeting began at 10:30 a.m.

Mike Phillips welcomed all Patients' Rights Committee (PRC) members and guests. Committee members, staff, and guests introduced themselves. A quorum was established with 5 of 6 members.

Item #2: Review Meeting Minutes

The committee reviewed and accepted the April 2025 Meeting Minutes. No edits to the minutes were requested.

Item #3: Community Assistance, Recovery, and Empowerment (CARE) Act Supporters

Mike Phillips expressed disappointment that the committee was unable to secure presenters with experience as CARE Act "volunteer supporters," but he said that he was still very interested in exploring the topic further. Daphne Shaw said that, as she has been reading more about volunteer supporters, she feels that the requirements to fulfill the role properly are higher than most people could do without formal training. Mike

California Behavioral Health Planning Council
Patients' Rights Committee
June 18, 2025
Meeting Minutes

agreed that the role of the supporter seems very intensive and similar to what a patients' rights advocate would do.

Mike asked Justin Boese for updates on any published data related to volunteer supporters. The Department of Health Care Services is collecting data on volunteer supporters that should be included in the CARE Act Annual Report, which will be released on July 1. He then shared the questions that the Department is asking regarding volunteer supporters, which include information on the relationship between the supporter and the participant, and what events the volunteer supporter was present for (such as the initial hearing, case management hearings, etc.).

Bill Stewart shared that he is a CARE Act work group member and has requested data on the volunteer supporters. He said he asked whether participants who had volunteer supporters had more positive outcomes, and was told that they did, but that the Department was not collecting data on that. Bill was told that most of the volunteer supporters are family members.

Uma Zykovsky said that she did not feel it was appropriate for family members to be volunteer supporters. She also said it would be interesting to see who provides support to the volunteer supporters to help them fulfill such a complex role. She is also interested in how volunteer supporters are being utilized in different counties because there have been many changes and differences in CARE Court implementation.

Richard Krzyzanowski said that a "supporter" is not an advocate and had questions about the intent and motive of this role in the system. He wasn't surprised that people are hesitant to talk about this aspect of CARE Court but that it was worthwhile for the committee to continue looking into this topic. Mike agreed and said that he would continue looking for a volunteer supporter who could speak to the committee.

Item #4: Legislation Updates

Mike Phillips provided a brief overview of several pieces of legislation, starting with Senate Bill 331. This bill would add "chronic alcoholism" to the definition of "gravely disabled" and make several other changes to the LPS Act. Daphne Shaw told the committee that Senate Bill 331 had been referred to the Senate health and judiciary committees. Mike expressed that the more gets added to the definition of "gravely disabled", the vaguer it becomes in practice.

Action Item: Daphne Shaw made a motion for the committee to take an opposed position and communicate that position to the Council's Public Legislation and Policy

California Behavioral Health Planning Council
Patients' Rights Committee
June 18, 2025
Meeting Minutes

Committee. Susan Wilson seconded the motion. Susan Wilson took a roll call vote. The motion passed.

Mike briefly mentioned Senate Bill 367, which would expand the eligibility of individuals for LPS conservatorship. This bill is currently in suspense.

Mike provided an overview of Senate Bill 820. This bill would, if a defendant has been found incompetent to stand trial after having been charged with a misdemeanor, authorize a psychiatrist to administer psychiatric medication to the defendant without their informed consent on an emergency basis. The bill would also authorize a psychiatrist to involuntarily administer psychiatric medication to those defendants upon a court's determination that the defendant does not have the capacity to refuse treatment and is gravely disabled. Mike said that much of the opposition to the bill is from groups like the American Civil Liberties Union (ACLU) and other civil rights advocates who argue that there is not enough due process.

Action Item: Daphne Shaw made a motion for the committee to take an opposed position and communicate that position to the Council's Legislation and Public Policy Committee. Richard Krzyzanowski seconded the motion. Susan Wilson took a roll call vote. The motion passed.

Mike informed the committee that Senate Bill 823 is currently in suspense.

Item #5: Committee Charter Review and Workplan Development

Mike Phillips led the committee in a discussion about updating the committee work plan. Mike said that he reviewed the Welfare and Institutions Code regarding the Patients' Rights Committee and found the scope of the committee's duties to be very broad. He encouraged the committee to be bold in their work plan activities.

Daphne Shaw brought up the committee's efforts to increase patients' rights advocate staffing. Though making progress on this issue has been difficult, members of the committee agreed on keeping it in the work plan. Daphne also brought up the committee's role in advising the Department of State Hospitals. The committee has had difficulty getting that data from them on patients' rights advocacy services provided in state hospitals, but will continue trying.

Mike Phillips suggested that the committee work on integrating substance use disorder (SUD) treatment in the committee work plan. He said that his patients' rights advocacy team from San Diego could potentially present on patients' rights in SUD facilities to

California Behavioral Health Planning Council
Patients' Rights Committee
June 18, 2025
Meeting Minutes

educate the committee or the full Council on this topic. Richard Krzyzanowski strongly supported this idea.

Item #6: Planning for Future Meetings/Activities

Mike Phillips and other members identified some next steps and agenda items for the October 2025 meeting. These next steps include:

- Organizing a presentation on patients' rights in substance use disorder treatment facilities.
- Continue looking into CARE Court volunteer supporters.
- Continue working on the committee charter and work plan.

The meeting adjourned at 12:30 p.m.

**California Behavioral Health Planning Council
Patients' Rights Committee**

Wednesday, October 15, 2025

Agenda Item: Charter Review and Workplan Development (Action)

Enclosures: Patients' Rights Committee 2025 Draft Charter
Patients' Rights Committee 2017 Work Plan

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item provides committee members with the opportunity to review and update the work plan to ensure that committee activities align with the Council's mission.

Background/Description:

The purpose of the Patients' Rights Committee is to monitor, review, evaluate, and recommend improvements in the protection and upholding of patients' rights to receive effective, timely, and humane treatment in a public mental health system in California. The committee work plan establishes the objectives and goals of the Patients' Rights Committee and maps out the necessary tasks to accomplish those goals, in alignment with the committee charter.

Mike Phillips will lead the committee in the review of the committee charter and the most recent work plan. Committee members will discuss current priorities and continue to develop an updated charter and work plan for the committee.

Patients' Rights Committee

Charter and Membership Roster 2025

DRAFT

The California Behavioral Health Planning Council is mandated by federal and state statutes to advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness; to review and report on outcomes for the public mental health system; and to advise the Department of Health Care Services and the Legislature on policies and priorities the state should pursue in developing its mental health and substance use disorder systems.

VISION

A behavioral health system that makes it possible for individuals to lead full and purposeful lives.

MISSION

To review, evaluate, and advocate for an accessible and effective behavioral health system.

GUIDING PRINCIPLES

Wellness and Recovery: Wellness and recovery may be achieved through multiple pathways that support an individual to live a fulfilled life and reach their full potential.

Resiliency Across the Lifespan: Resilience emerges when individuals of all ages are empowered and supported to cope with life events.

Advocacy and Education: Effective advocacy for policy change statewide starts with educating the public and decision makers on behavioral health issues.

Consumer and Family Voice: Individuals and family members are included in all aspects of policy development and system delivery.

Cultural Humility and Responsiveness: Services must be delivered in a way that is responsive to the needs of California's diverse populations and respects all aspects of an individual's culture.

Parity and System Accountability: A quality public behavioral health system includes stakeholder input, parity, and performance measures that improve services and outcomes.

COMMITTEE OVERVIEW AND PURPOSE

The purpose of the Patients' Rights Committee (PRC), as mandated in Welfare and Institutions Code Section 5514, is to monitor and report on the access, depth, sufficiency, and effectiveness of advocacy services provided to psychiatric patients. To advise the directors of the CA Department of State Hospitals and the CA Department of Health Care Services on policies and practices that affect patients' rights at the county and state-level public mental health system provider sites.

MANDATES

CA Welfare and Institutions Code

5772. The California Behavioral Health Planning Council shall have the powers and authority

necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

- (a) To advocate for effective, quality mental health and substance use programs.
- (b) To review, assess, and make recommendations regarding all components of California's mental health and substance use disorder systems, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.
- (e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing in developing its mental health and substance use disorder systems.
- (j) To advise the Director of Health Care Services on the development of the state mental health plan and the system of priorities contained in that plan.
- (k) To assess periodically the effect of realignment of mental health services and any other important changes in the state's mental health and substance use disorder systems, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.

5514. There shall be a five-person Patients' Rights Committee formed through the California Behavioral Health Planning Council. This committee, supplemented by two ad hoc members appointed by the chairperson of the committee, shall advise the Director of Health Care Services and the Director of State Hospitals regarding Department policies and practices that affect patients' rights. The committee shall also review the advocacy and patients' rights components of each county mental health plan or performance contract and advise the Director of Health Care Services and the Director of State Hospitals concerning the adequacy of each plan or performance contract in protecting patients' rights. The ad hoc members of the committee shall be persons with

substantial experience in establishing and providing independent advocacy services to recipients of mental health services.

GENERAL COMMITTEE OPERATIONS

OBJECTIVES

1. Ensure consistency in the application of WIC Sections regarding the duties of Patients' Rights Advocates, especially WIC sections 5150, 5151, and 5152.
2. Obtain information from Patients' Rights Advocates on activities, procedures, and priorities.
3. Inform local Mental Health Boards on the duties of Patients' Rights Advocates.
4. Address the ratio of Patients' Rights Advocates to the general population.

PATIENT'S RIGHTS COMMITTEE MEMBER ROLES AND RESPONSIBILITIES

Committee members' regular attendance is expected for the Committee to function effectively. If a committee has difficulty achieving a quorum due to the continued absence of a committee member, the committee chairperson will discuss with the member the reasons for his or her absence. If the problem persists, the committee chair can request that the Executive Committee remove the member from the committee.

Members are expected to serve as advocates for the committee's charge. Their responsibilities include, but are not limited to:

- Attend meetings.
- Speak at relevant conferences and summits when requested by the committee or the Planning Council.
- Participate in the development of products such as white papers, opinion papers, reports and other documents.
- Distribute the committee's written products to their represented communities and organizations.
- Assist with the identification of speakers for presentations.

Materials will be distributed at least 10 business days before the meetings to allow time for review before the meetings. Members are expected to come prepared to ensure effective meeting outcomes.

STAFF RESPONSIBILITIES

Staff will capture the members' decisions and activities in a document, briefly summarizing the discussion and outlining key outcomes during the meeting. The meeting summary will be distributed to the PRC members following the meeting. Members will review and accept the previous meeting's summary at the following

meeting. Staff will prepare meeting agendas and materials and coordinate with presenters as directed by the chairperson and members. They will ensure members receive their meeting materials in their preferred method (hard copy and/or electronically) at least 10 business days before the meeting.

GENERAL PRINCIPLES OF COLLABORATION

The following general operating principles are established to guide the Committee's deliberations:

- The Committee's purpose will be best achieved by relationships among the members characterized by mutual trust, responsiveness, flexibility, and open communication.
- It is the responsibility of all members to work toward the Council's vision.
- To that end, members will:
 - Commit to expending the time, energy, and organizational resources necessary to carry out the Committee's Work Plan.
 - Be prepared to listen intently to the concerns of others and identify the interests represented.
 - Ask questions and seek clarification to ensure they fully understand others' interests, concerns, and comments.
 - Regard disagreements as problems to be solved rather than battles to be won.
 - Be prepared to "think outside the box" and develop creative solutions to address the many issues that will be raised throughout the Committee's deliberations.

Committee members will work to find common ground on issues and strive to seek consensus on all key issues. Every effort will be made to reach a consensus, and opposing views will be explained. In situations where there are strongly divergent views, members may choose to present multiple recommendations on the same topic. If the Committee is unable to reach consensus on key issues, decisions will be made by majority vote. Minority views will be included in the meeting summary.

MEMBERSHIP ROSTER

Chairperson: Mike Phillips

Chair-Elect: Richard Krzyzanowski

Members: Catherine Moore, Daphne Shaw, Susan Wilson, Uma Zykovsky

STAFF

Justin Boese

Justin.Boese@cbhpc.dhcs.ca.gov

(916) 750-3760

**California Behavioral Health Planning Council
Patients' Rights Committee
Work Plan 2017**

GOAL 1

**Increase the Number of Patients' Rights Advocates (PRAs) in CA
and Standardize Training Requirements for PRAs**

Objectives:

- Gather data and input from patients' rights advocates
- Complete issue report
- Share the completed report with target audiences

Target Audience: Directors of Health Care Services and State Hospitals, Legislature, Local Mental Health Boards/Commissions

Activities:

- Survey patient's rights advocates across the state
- Collect and analyze data from the surveys
- Secure input from stakeholder groups
- Complete issue paper with survey analysis and recommendations
- Send letter and issue paper to Department of Health Care Services Director, Department of State Hospitals Director, and legislature
- Send survey results and issue report to local mental health boards and commissions

Measure of Success: Increase the ratio of Patients' Rights Advocates to general population, creation of standardized training, and complete an Issue Paper.

Timeline: January-June 2017

Leads: Committee Staff

**California Behavioral Health Planning Council
Patients' Rights Committee
Work Plan 2017**

GOAL 2

**Encourage Discussion at the County Mental Health
Board/Commission Level About the Ratios and Training of
Patients' Rights Advocates**

Objectives:

- Gather Information regarding the duties of Patients' Rights Advocates in Welfare and Institutions Code
- Draft and send letter to all mental health boards and commissions

Target Audience: Local mental health boards and commissions

Activities:

- Review Welfare and Institutions Code in areas which discuss the specific responsibilities of the local patients' rights advocates
- Patients' rights committee to discuss at the at the January quarterly meeting
- Chairperson and Executive Officer meet to discuss and draft a letter
- Send letter to local board/commission presidents through the County Behavioral Health Director's Office

Measure of success: Letter and report distributed to each Mental Health Board or Commission to place the issue of adequacy of patient's rights advocacy on their meeting agenda

Timeline: January-May 2017

Leads: CBHPC Staff, Daphne Shaw

**California Behavioral Health Planning Council
Patients' Rights Committee**

Wednesday, October 15, 2025

Agenda Item: Discussion on Executive Order *Ending Crime and Disorder on America's Streets*

Enclosures: [Executive Order Ending Crime and Disorder on America's Streets](#)

[Fact Sheet: President Donald J. Trump Takes Action to End Crime and Disorder on America's Streets – The White House](#)

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item informs Council members about the executive order *Ending Crime and Disorder on America's Streets*. The Patients' Rights Committee will use this information to review and evaluate the patients' rights system in California as part of its duties.

Background/Description:

On July 24, 2025, President Donald Trump signed an executive order *Ending Crime and Disorder on America's Streets*. This order includes new federal directives impacting mental health, substance use treatment, homelessness programs, and eligibility for key federal grants. The order specifically directs the Department of Justice and the Department of Health and Human Services to support the expansion of civil commitment laws. This refers to laws establishing a legal process that allows individuals with severe mental illness or substance use disorders to be involuntarily admitted to a treatment facility. The order also directs the Department of Justice to seek the reversal of federal or state court precedents that limit civil commitment.

The committee will discuss the executive order and its potential impacts on patients' rights in California.

**California Behavioral Health Planning Council
Patients' Rights Committee**

Wednesday, October 15, 2025

Agenda Item: Patients' Rights in Substance Use Disorder Treatment Facilities

Enclosure: Patient Advocacy in Residential Substance Use Disorder (SUD) Facilities

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This agenda item provides Council members with information about patients' rights advocacy in substance use disorder treatment facilities. The Patients' Rights Committee will use this information to review and evaluate the patients' rights system in California as part of its mandated duties.

Background/Description:

The Patient Advocacy team of the Jewish Family Service of San Diego works to provide information, monitoring, training, and consulting to facilities throughout San Diego to improve the behavioral health system. Advocates are also certified to provide Continuing Education Units (CEUs) for social workers, marriage and family therapists, nurses, Skilled Nursing Facility Administrators, Substance Use Disorder Staff, and Board and Care Administrators. Melissa Hall and Topher Tailler from the Patient Advocacy Team will present to the committee on patients' rights advocacy in substance use disorder treatment facilities.

Biographies:

**Melissa Hall, Director of Patient Advocacy, Jewish Family Service of San Diego
(Pronouns: She/Her)**

Melissa Hall is currently the Director of Patient Advocacy for the Jewish Family Service Patient Advocacy Program, where she trains and supervises a staff of over 20 individuals. She received a B.A. in Psychology and Women's Studies at the University of California, Santa Cruz. She joined Jewish Family Service in May 2005 as an Intake Coordinator, Crisis Case Manager, and Psychiatric Case Manager before joining the Patient Advocacy Program in February 2010. In February 2022, she became a Patient Advocacy Supervisor. Melissa has presented to many audiences, including the

California Patients' Rights Annual Training, the California Behavioral Health Planning Council, and the California Hospital Association. She is a member of the National Collegiate Honor Society. She currently serves on the San Diego County Behavioral Health Services Quality Review Council and represents the Patient Advocacy Program at several County and community meetings in San Diego County.

**Topher Tailler, Lead Patient Advocate, Jewish Family Service of San Diego
(Pronouns: They/She)**

Topher Tailler has been with the Jewish Family Service Patient Advocacy Program since 2023 and has been a Lead Patient Advocate since February 2025. They graduated with a Master's Degree in International Affairs and Public Policy from the University of California, San Diego. She also received a Bachelor's Degree in Global Studies. Her previous experiences have included working as a researcher on global truth commissions, a public policy director for a disability rights commission, and a communications director for her school's academic journal. They are currently a board member of Rainbow Spaces. This organization advocates for LGBTQIA+ youth in parts of San Diego County that are outside the main areas served by the most prominent LGBTQIA+ organizations in San Diego County. They have presented at the California Patient Rights Annual Training and at various facilities in San Diego County, focusing on patient rights, rights of transgender individuals, and inclusion of LGBTQIA+ populations.



**Jewish
Family
Service**

**Moving Forward
Together**

Patient Advocacy in Residential Substance Use Disorder (SUD) Facilities

Melissa Hall, Director, Patient Advocacy Program

Topher Tailler, Lead Patient Advocate, Patient Advocacy Program



Disclaimer

- This presentation is solely for educational purposes and the matters presented herein do not constitute legal advice with respect to your particular situation .
- The presentation does not constitute legal advice, or its application to the delivery of health care services.
- Attendees should consult with their own legal counsel and/or risk management for advice and guidance.



Agenda

- Patient Advocacy in Substance Use Disorder (SUD) Facilities
- Grievances and Appeals in Substance Use Disorder (SUD) Facilities
- Case Studies



Introduction

- Our program began working with SUD facilities in 2018, when San Diego County opted into the Drug Medi-Cal Organized Delivery System (DMC -ODS).
- Our sub-team of 5 advocates work with 24 residential facilities, conducting trainings for staff & clients, performing visits, and investigating grievances and appeals.
- Our team has made significant efforts to build bridges and educate the SUD provider community, as they are adjusting to the regulatory aspects that have come with DMC -ODS after years of little oversight and regulatory guidelines for SUD providers.



Unique Issues in SUD Facilities

- Clients and providers are used to an informal treatment model that was not regulated and could be dictated by program management with little to no oversight.
- As a result, clients often tolerate practices and behavior that would be considered problematic in hospitals or other facilities where Medical regulations have existed for years.
- On the other hand, many providers and staff went through treatment themselves under the old model and are resistant to changes to policies or practices that worked for them in their own recovery.



Grievances/Appeals

- In FY 2024 -2025, our office received 580 separate complaints regarding SUD facilities, and assisted clients with over 1,000 issues related to SUD facilities.
- Most issues are resolved on a low level, outside of the grievance and appeal process.
 - Our office assisted clients with 154 grievance issues and 52 appeals at SUD facilities in FY 2024-2025 (For comparison, we opened 362 grievances and 14 appeals in Mental Health facilities).



Grievances/Appeals

- All client concerns are recorded and tracked by our program, including concerns about specific staff members. As many concerns are not substantiated, we monitor for concerning trends as well and report these trends to facility administration and County BHS.
- Common Outcomes of Grievance & Appeal Investigations:
 - Training for Staff Members
 - Policy & Procedure Updates
 - Plan of Correction (used when facilities refuse to cooperate or when there are unresolved trends)



Appeal -Specific Issues

- Adjusting to the Medi-Cal requirements in this area has been particularly difficult for SUD providers.
- SUD programs were historically able to discharge people for any reason, without notice. They were also able to deny admission to individuals without the need for justification or due process.
- Many clients are justice-involved and are court-ordered to complete a program, so they may face prison time if they are discharged and unable to complete the program.



Examples of Serious Issues

- Poor care coordination (missed and cancelled medical appointments, refusal to allow clients to go to the hospital)
- Medication mismanagement (clients having seizures or other serious health conditions due to arbitrary medication changes or lack of follow -up by the facility)
- Confidentiality breaches (discussion of clients' personal health issues in large group settings, accidentally sharing SSNs and DOBs with other clients)



Examples of Serious Issues

- Facilities maintaining “do -not -admit” lists that prevent clients from accessing treatment
- Blanket denial of service and support animals for clients in certain facilities, regardless of documentation provided by clients
- Overall culture of punitive approach to client care (name -calling, stigmatized language, lack of dignity/respect for clients)
- Facility Issues (mold, high temperatures, sanitation issues, etc.)



Examples of Major Wins

- One of our clients won \$1500 in small claims court after the facility refused to reimburse them for belongings that were thrown out. The facility did not follow its own policies and procedures to secure client belongings. We worked with the client to create an inventory of what was thrown out (the facility didn't have one) and we priced out replacement items that came to approximately \$1000. The client requested our assistance with a small claims form and was ultimately awarded more than their claim in court.



Examples of Major Wins

- Our advocacy for clients who are appealing their discharges from SUD facilities has contributed to some clients being able to avoid returning to prison. Other clients have explicitly said “you saved my life.” They said that they would have gone out and used substances if we had not fought for them to stay in the facility.
- Our County has added guidance on service and support animals to our provider handbook, which has led to more clients being able to have their animals with them in treatment. In one instance, a facility permitted their first service animal ever (in 50 years of operating).



Examples of Major Wins

- Many providers (even those who were at first hesitant to work with us) now reach out to our program seeking recommendations about best practices and ask for advice about how they can protect resident rights while still managing their programs. A provider who used to yell at us now tells their staff that we are “fair.” Other providers ask for our feedback on their policy updates before finalizing them.



QUESTIONS?

Contact JFS Patient Advocacy at
619-282-1134 or 800-479-2233



**California Behavioral Health Planning Council
Patients' Rights Committee**

Wednesday, October 15, 2025

Agenda Item: Discussion of the 2025 Patients' Rights Committee Activities for the Council's Year-End Report (Action)

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to review the activities and action items the committee completed in 2025. The discussion will support the Council's 2025 Year-End Report.

Background/Description:

The California Behavioral Health Planning Council releases an annual report highlighting the achievements and activities of each committee. The Patients' Rights Committee will review the activities of the committee in 2025. Committee members will have the opportunity to discuss and prioritize items to include in the Patients' Rights Committee section of the Council's 2025 Year-End Report.